

Variable	Mean	SD	Min	Max
Age	34.5	10.2	21	55
Gender				
Male	52.1	5.8	0	100
Female	47.9	5.8	0	100
Marital Status				
Married	68.3	7.1	0	100
Single	31.7	7.1	0	100
Education				
High School	15.2	3.5	0	100
College	84.8	3.5	0	100
Income				
Low	25.1	6.2	0	100
Medium	45.3	6.2	0	100
High	29.6	6.2	0	100
Occupation				
Managerial	35.4	8.1	0	100
Professional	42.1	8.1	0	100
Service	22.5	8.1	0	100
Unemployed	1.0	1.0	0	100
Health Status				
Good	78.9	4.3	0	100
Fair	19.0	4.3	0	100
Poor	2.1	1.5	0	100
Smoking Status				
Smoker	32.1	5.4	0	100
Nonsmoker	67.9	5.4	0	100
Alcohol Consumption				
Frequent	12.3	3.1	0	100
Occasional	45.6	3.1	0	100
Never	42.1	3.1	0	100
Exercise Frequency				
Daily	28.9	4.5	0	100
Weekly	35.2	4.5	0	100
Monthly	31.1	4.5	0	100
Never	5.8	2.1	0	100

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which (check one)

[X] was filed on **25 January 2000**

as Serial No. **PCT/US00/01956**

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or Inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Number	Country	Filing Date	Priority Claimed
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I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Number	Filing Date
60/117,059	25 January 1999

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Serial No.	Filing Date	Status
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I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Customer Number 20462.

Address all correspondence and telephone calls to **Nora Stein-Fernandez**, SmithKline Beecham Corporation, Corporate Intellectual Property-U.S., UW2220, P.O. Box 1539, King of Prussia, Pennsylvania 19406-0939, whose telephone number is **610-270-5044**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 - 00 Full Name of Inventor: Dennis J. Murphy
Inventor's Signature: [Signature]
Date: 22-June-01
Residence: 500 Pickering Circle, Chester Springs, PA 19425-2332
Citizenship: United States of America
Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

2 - 00 Full Name of Inventor: Patrick J. Wier
Inventor's Signature: [Signature]
Date: 02-July-2001
Residence: 709 Swedeland Road, King of Prussia, PA 19406
Citizenship: United States of America
Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Inventor's Signature: _____

Date: _____

Residence: Zambeletti, I-20021 Baranzate, Milan, Italy

Citizenship: Italy

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

document3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"ANTI-ANDROGENS AND METHODS FOR TREATMENT"

the specification of which (check one)

☐ is attached hereto.

☒ was filed on **25 January 2000**

as Serial No. **PCT/US00/01956**

and was amended on

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

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Full Name of Inventor: **Dennis J. Murphy**

Inventor's Signature: _____

Date: _____

Residence: 500 Pickering Circle, Chester Springs, PA 19425-2332

Citizenship: United States of America

Post Office Address: GlaxoSmithKline
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P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: **Patrick J. Wier**

Inventor's Signature: _____

Date: _____

Residence: 709 Swedeland Road, King of Prussia, PA 19406

Citizenship: United States of America

Post Office Address: GlaxoSmithKline
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3-∞ Full Name of Inventor: Giuseppe Arnaldo Maria Giardina

Inventor's Signature:

Giuseppe Arnaldo Maria Giardina

Date: *July 12th 2001*

Residence: 20021 Baranzate di Bollate, Milan, Italy IT

Citizenship: Italy

Post Office Address: GlaxoSmithKline
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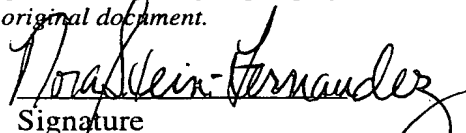
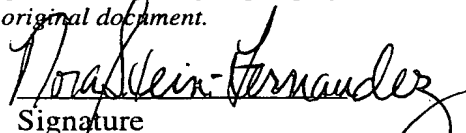
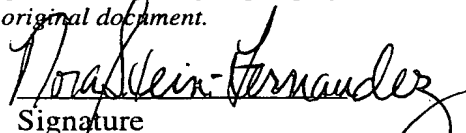
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Patent and Trademark OfficeRECORDATION FORM COVER SHEET
PATENTS ONLY

Commissioner of Patents. Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies)</p> <p>Dennis J. MURPHY Patrick J. WIER Giuseppe Arnaldo Maria GIARDINA</p> <p>Additional names of conveying party(ies) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>2. Name and address of receiving party(ies)</p> <p>SmithKline Beecham Corporation One Franklin Plaza 200 North 16th Street Philadelphia, PA 19103 United States of America</p> <p>Additional name(s) and addresses attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>			
<p>3. Description of the interest conveyed:</p> <p><input checked="" type="checkbox"/> Assignment, please record and return <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other</p> <p>Execution date of Assignment: June 22, July 6 and July 12, 2001</p>				
<p>4. Application number(s) or patent number(s). Additional Sheets attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <table border="1"><tr><td data-bbox="167 1039 812 1113">A. Patent Application No.(s) 09/889,904</td><td data-bbox="812 1039 1432 1113">B. Patent No.(s)</td></tr></table> <p>If this document is being filed together with a new application, the execution date of the application is</p>		A. Patent Application No.(s) 09/889,904	B. Patent No.(s)	
A. Patent Application No.(s) 09/889,904	B. Patent No.(s)			
<p>5. Name and address of party to whom correspondence concerning documents should be mailed:</p> <p>Nora Stein-Fernandez GlaxoSmithKline Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA 19406-0939</p>	<p>6. Total number of applications and patents involved <u>1</u>.</p> <p>7. Total Fee (37 C.F.R. 3.41) <u>\$40.00</u></p> <p>8. Please charge this fee to deposit account No. <u>19-2570</u>.</p> <p>The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required by this paper, or credit any overpayment, to our Deposit Account No. 19-2570.</p>			
<p>DO NOT USE THIS SPACE</p>				
<p>9. Statement and Signature. <i>To the best of my knowledge and belief the foregoing information is true and correct and any attached copy is a true copy of the original document.</i></p> <table border="0"><tr><td data-bbox="167 1732 552 1801">Nora Stein-Fernandez Name of Person Signing</td><td data-bbox="552 1669 1015 1801"> Signature</td><td data-bbox="1015 1732 1432 1801"><u>05 September 2001</u> Date</td></tr></table> <p>Total number of pages including cover sheet, attachments and document: <u>5</u></p>		Nora Stein-Fernandez Name of Person Signing	 Signature	<u>05 September 2001</u> Date
Nora Stein-Fernandez Name of Person Signing	 Signature	<u>05 September 2001</u> Date		